

## Instructions for Patient Reporting Form

01. Patient Name: Full name of patient. Note any aliases or nicknames.
02. Patient's Home Address: Residence at the time of diagnosis, if unknown put current address.
03. Gender: Please Circle the appropriate gender for the patient.
04. Date of Birth: Record patient's date of birth including month, day, and year.
05. Social Security Number: Social security number of patient. Do not use spouse's social security number.
06. Phone Number: Patient's residence
07. Occupation: Occupation at the time of diagnosis, if known.
08. Race: Record specific race of patient
09. Primary Payer: Circle one
10. Tobacco Use: Circle one
11. Alcohol Use: Circle one
12. Family history of cancer: Circle one
13. New or Recurrence: If this is the first time the patient has been diagnosed with this cancer, circle new. If this is a recurrence of previously diagnosed cancer, circle recurrence.
14. Procedures Performed: Document the type of procedure that was performed to diagnose the patient's cancer. Record the date of the procedure.
15. Primary Cancer site: Record the cancer based on location of cancer (i.e. breast, colon, etc.)
16. Record the Date of Diagnosis
17. Paired Organ: If site is a paired organ, record which side, (ex: right lung, right breast)
18. Record the tumor size
19. Histology (cell type): This information may be found on the pathology report. Histology describes the type of cancer cell (adenocarcinoma, Squamous, etc.)
20. Grade: Circle one. This can be found on the path report.
21. Lymph nodes removed: Record # positive / # removed: Ex: 3/10
22. Pre Op Tumor Markers: Circle one and add value
23. Staging procedures: attach copies of reports, if available.
24. Distant metastasis: If cancer has spread to other sites beyond the primary site, record the site to which it has spread.
25. Treatment: Document the type of treatment the patient received. Include the procedure name and the place the procedure was performed.
26. Physician responsible for ongoing therapy/care: Document the physician that is responsible for managing the treatment of the patient. Include address and telephone number. This can include primary care physicians and specialty physicians such as urologist, dermatologist, etc.
27. Date last contact: Record the last time the patient was seen by your facility.
28. Patient status: Document the last known status of the patient.

Please return to:

AR Department of Health / ACCR

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**Revised: March 24, 2008**